

ARTICLE III.—*Remarks on Sibbens.* By D. WILLS, Esq., Surgeon, Cumnock, Ayrshire.

It is no part of my present purpose to enter into any historical account of sibbens. Those who may feel curiosity on that subject, I refer to an essay of great ability and research, in the April Number of the *Edinburgh Journal of Medical Science*, for 1826, by Dr Hibbert, where he attempts to prove that the sibbens of Scotland and the West Indian yaws are identical, and under the joint term of framboesia ranks them as a disease of the remotest antiquity. He also attempts to establish, and seemingly with greater success, that the morbus Gallicus, or French pox of the fifteenth century, was not lues venerea, but framboesia; and not only do all the descriptions of the disease, which at that period struck a general panic over Europe, support his opinion, but the various modes by which it was communicated are those assigned at the present day, not to lues, but to framboesia. As a remarkable confirmation of his opinion, the first alarm began from the years 1483 to 1493, yet none of the medical writers of that period, (and they seem to have been many and minute in their descriptions), make the slightest allusion to bubo until 1533, a period of 50 years! Supposing the complaint to have been lues, the lechery of the age must have been great to present such a formidable phalanx of disease, as to induce the parliament of Paris, in the year 1496, to prohibit all those affected from conversing with the rest of the world, under pain of death; and James IV. of Scotland, in the following year, to banish them to the island of Inch, or have them burnt on the "cheike with the marking irne, that they may be kennit in tyme to cum." Dr Adams also, in his valuable work on morbid poisons, gives sibbens a seniority to syphilis in Europe, and thinks them entitled to rank as distinct diseases.

Mr Hill of Dumfries again, in the year 1769, maintained that the sibbens of Dumfriesshire and Galloway were nothing but a mild form of the venereal, and about the same time Dr Freer supported a like opinion in an inaugural dissertation, where he throws out a fanciful theory regarding the possibility of lues being, like itch, the product of certain specific animalculæ. Between these he supposes a flirtation to have arisen, and the result to be a cross mongrel breed of sibbenitic animalculæ. Dr Mason Good has rather supposed sibbens to be a cross production between lues and yaws. "Sibbens," says this author, "is a variety of lues, rendered hybrid by passing through a constitution already contaminated with yaws."

When Dr Gilchrist first called the attention of the profession to sibbens, by an essay in the *Edinburgh Collection of Medical Essays and Observations*, the disease would seem to have retained more the character of the French pox of the fifteenth century, and of the West Indian yaws, than it does at the present day.

This change is, no doubt, mainly to be attributed to the improved habits of the lower orders. But I must hasten to my more immediate object, namely, to point out the striking similarity, if not identity, that subsists between this disease, and that form of the venereal, called by some authors the fungoid venereal ulcer.

Mr Henry James Johnson, in the April Number of the *Medico-Chirurgical Review* for 1834, in giving an account of this fungoid venereal sore, under the name of venereal condyloma, has presented so minute and faithful a description of sибbens, as it at present exists in this part of Scotland, as almost to make me doubt if that gentleman had not his model from Ayrshire, with this difference, that what he calls a secondary symptom is our primary. This is easily accounted for. Mr Johnson has been in the habit of seeing the disease in the form it assumes when *got by coition*; we again commonly meet with it as *caught by contact of the lips*, or through the medium of tobacco pipes, &c. Sибbens, however, are frequently communicated by coition; and then the disease has all the characters of venereal condyloma.

In order that those more conversant with venereal condyloma may have an opportunity of judging how far these two affections correspond, I will now attempt to give a description of sибbens, as they at present appear in Ayrshire, Galloway, and Dumfriesshire, drawn from personal observation alone.

Sибbens do not originate in the form of a pustule, as most writers on the subject would have it, but in that of a tubercle or condyloma. This error, however, is the more excusable, from the fact, that when the condyloma begins to ulcerate, the delicate cuticle may often be seen vesicated, or raised, and partly lying loose, round the circumference of the tubercle.

I have not been able to divide sибbens into the simple and ulcerated forms. The tubercles do not rise simultaneously, but in succession, and may be seen, both in a simple and ulcerated state, in the same subject. No doubt, in good constitutions, and those of very cleanly habits, the tendency to ulcerate is less than in those who are the reverse; but I look on the distinction as chiefly one of stage. They ulcerate much earlier on some parts than others. On the tonsils and palate, where they usually make their first appearance, they ulcerate early, but can rarely be seen distinctly. In their other haunts—the tongue, cheeks, angles of the mouth, anus, groins, and genital organs,—though often clustered, they seldom fully coalesce, and have less tendency to ulcerate.

A sибben condyloma may vary in size from that of a silver penny to that of a sixpence—is either circular or oblong, and raised above the surface, from the thickness of a sixpence to that of a penny-piece—is often as high above the surrounding skin, while in its simple form, as it ever is after, showing the impropriety of the term fungating ulcer. It varies in appearance, as in site. In its simple or unulcerated state, when situate on the dorsum and back part of the tongue, it has the appearance of a common wart,

and is but little altered in colour from the parts around,—about the angles of the mouth, and round the anus, that of a wart also, and whiter than the surrounding parts. The resemblance to a wart would be stronger, could we suppose that excrescence as having a little more vitality, and a reddish tint. In the groins and arm-pits (very rare) it is deep red and glossy, and it is here, after the delicate cuticle has peeled off, that they chiefly assume somewhat the look of a raspberry in miniature, from whence the disease takes its name. The condylomata, in what I am inclined to consider their more advanced or ulcerated stage, when situated on the dorsum of the tongue, are surrounded with little glossy red areolæ, from the natural coating around them being removed, and when studded over with them, give that organ an oddly mottled look, and it may be that a deep fissure runs down its centre, or the whole coating may have peeled off, giving the sound parts the glossy beef-steak appearance. At the commissures of the lips, and round the anus, it would be difficult to say when, or if, strictly speaking, they can ever be said to ulcerate, their appearance remaining but little changed throughout. Indeed, they may be said to ulcerate only on the tonsils, tongue, and inside of the labia pudendi, and merely to vesicate elsewhere. In front of the scrotum, or on the pubes, the ulcerated tubercle assumes the form of a crust or scab: When met with on the scalp there is a crust also; and no doubt, were they to appear over the body generally, and thereby be exposed to evaporation, this would be their usual form. Their appearance on the female parts of generation is so accurately described by Mr Johnson, that I would only be copying that gentleman's words in attempting a description; but I may take this opportunity of stating that sибbens caught by coition are not always accompanied with gonorrhœa, and are oftener without than with that discharge, particularly in males.

Sibbens, at the end of a month from their commencement, (and we are but rarely consulted so early) are, in ordinary cases, confined to one or both tonsils: these are seemingly in a state of superficial ulceration, and covered with a sort of thin whitish slough. To those who wish to become acquainted with the disease, I would say, mark this so-called slough or hazy whitish appearance: it attends the disease throughout, and by it alone the experienced eye can at once make a sure diagnosis. In all other sore throats, where a slough is formed, or lymph thrown out, the white has a dense appearance, and *well-defined border*; but here it is thinner, and *blended or shaded off*, till lost in the surrounding inflammation. The termination, again, of the inflammation, in the two cases, is reversed: in sибbens it terminates up on the palate, in an abrupt edge; whereas, in common sore throats, it is in general insensibly lost. With this state of the tonsils, there is invariably enlargement of some of the glands under the lower jaw, and these two symptoms constitute the disease for the first four, five, or six weeks, the patient merely complaining of slight soreness, when in

the act of swallowing any thing hard. Soon after this period, the condylomata make their appearance on other parts of the mouth, and by the end of six or eight weeks begin to rise up round the anus.

Between the second and third month the disease is at maturity, and presents the following characters:—

When the parts about the glottis have become implicated, the patient is hoarse—this he may or may not be. We look into his throat—the tonsils and edge of the loose palate have a granular appearance, and are as if thinly whitewashed. The palate and uvula have a thickened and contracted look—do not rise and fall with their usual freedom, and up from them there is a blush of inflammation, ascending even as far as the roof of the mouth, there terminating in a well-defined border. At or immediately within each commissure of the lips is a cluster of flat, warty, excrescences; a few similar ones, it may be, exist on the back part of the tongue, or round its edge, or inside the cheeks; and invariably, at this stage, a bunch of them is found round the anus, attended with a red blush, extending an inch up on the nates.

Such are the symptoms that attend an ordinary case of this disease; but cases do occasionally occur of a more virulent character at the outset, which give rise to all the pain and difficulty in deglutition experienced in ordinary sore throat. We also occasionally meet with a rash resembling measles or roseola, which, from its early appearance, cannot be ranked properly as a secondary symptom. The disease sometimes, though rarely, attacks the toes also.

I am aware that even in the ordinary form of sибbens, that is in those cases where the virus has been introduced into the system by the mouth, the condylomata often appear on the perinæum, groins, and genital organs by simple extension, but in all cases where they are first met with on these parts, the disease has been caught by coition. When caught by coition, the inguinal glands become early affected; but have no tendency to suppurate here or any where else. The tonsils in this form seldom become affected in less than six weeks, and sometimes never during the whole course of the disease. Without giving a detailed account of the symptoms, I will merely give a short history of a single case of the very worst kind, which, with its branching, will include all the phases of the affection I have ever seen.

A respectable farmer's son came to me with symptoms of clap, such as running, redness of the lips of the urethra, &c., but with little or no scalding in voiding urine. He soon after got slight gonorrhœal ophthalmia and sибbens. Shortly after him a servant lad from the same quarter applied; he had yaws, as the disease is commonly called on the tonsils, gonorrhœa without scalding, condylomata on the scrotum, and a sore at the orifice of the urethra having the look of chancre, which, on healing, produced stricture, and obliged him occasionally to use a bougie for a long period afterwards. I had made inquiry at this lad, and was not surprised at a dirty female servant from the same house handing me a note from her mistress, re-

questing me to examine the bearer, as she had become so loathsome that the other maids had refused to sleep with her. And little wonder; from beyond the anus to above the pubes, and for three or four inches down the thighs, she was scalded and studded over with these ulcerated condylomata. Between her toes were what had the look of deep white sloughs, but were in reality only a sort of watery growths as distinctly seen where they emerged from between the toes. This woman married, and had her first child about two years after I had attended her. The child, some time after its birth, began to whine and cry incessantly, became hoarse, the mouth and fauces got fiery red, as did the inside of the *alæ nasi*, and out from them emerged a kind of eczema that gradually extended itself over the face, head, and body, where it met with its fellow that had emerged from the anus, and ultimately completed the child's destruction. Her second child narrowly escaped the same fate. This woman at first denied ever having had any sore about her from the time I had attended her, but at last admitted her having had two or three *boils*, and showed me a sore between the right mamma and arm pit, about the size of a shilling, of a circular shape, with livid and undermined edges. This is almost the only sibbenitic ulcer I ever met with. I might have suspected this case as having been mixed up with the true venereal, but for the fact of having repeatedly met with cases similar in all its branching, only milder in degree, and wanting the ulcer. Moreover, such a thing as lues among our moorland community is exceedingly rare.

The secondary symptoms of sibbens, with the one exception already mentioned, are, so far as my observation goes, wholly confined to the skin, and are of a trifling kind. The pityriasis-like stains are the most common. These appear on any part of the body, the breasts and arms being the most easily accessible parts, have been to me the most common. They vary in size; their colour may be red, reddish brown, yellow, or slightly leaden; they are at times slightly scaly. Small patches of psoriasis are also occasionally met with; indeed, I think the former sometimes runs into the latter by becoming slightly elevated, reddish, and desquamating. In a very few instances only, and not for many years, have I seen any thing like ecthyma, and can only recollect that some of the crusts were broad as a sixpence, and very few in number, a proof that the disease is becoming milder in its character. We often hear of the constitution being contaminated by the disease as evinced by destruction of the palate, bones of the nose, sibbenitic ulcers, &c.; and I know a few individuals here with permanently impaired voices who are said to have had sibbens in their youth; but if such cases ever do occur from the disease itself, they must now be rare indeed, since after practising in a district of country where yaws are very common, and treating many hundreds of cases, extending over a series of twenty-seven years, I have met with nothing beyond what is already mentioned.

In regard to the period of incubation, or the length of time that may intervene between exposure and the first symptoms of the dis-

ease, I have never been able to arrive at any satisfactory conclusion. The first symptoms are in themselves so trifling as often to be overlooked, and early application is never made; nor can patients often tell when or how they became contaminated. It is said by some writers to be from seven to ten weeks; and the fact of one after another in a family being often attacked for months after the most rigid precautions had been put in force, favours this long period. In an unfortunate case, where, in attempting to reduce simply enlarged tonsils, the disease (I had reason to believe) was communicated by the quill containing the caustic, the complaint was perceptible within the fortnight. But allowing there had been no taint previous to the application of the caustic, the case is not exactly in point, being one of inoculation.

It is said that sibbens, like the yaws of the West Indies, undergo a natural cure, after running a course of from six to twelve months. When they might undergo a natural cure I cannot tell; but of this I feel certain, that they have a strong tendency to run a course in defiance of treatment. A case from three to six months' standing, is easily cured in a fortnight, and in all probability permanently so; not so a case of so many weeks. We cure them, 'tis true, but two to one the case is again in our hands in six weeks, and this it may be again and again.

This is so true, that we never can warrant a house *permanently* clean in less than a year, and sometimes not for a much longer period. Some may say we repel the disease by injudicious topical treatment, and thus keep it pent up, as it were, in the system, for a longer period than would otherwise be required for it to run a natural course; but I have seen a case in no way interfered with by treatment remaining at the end of two years in all its primitive perfection and simplicity. On the other hand, it might be said, we do not continue treatment long enough; but then how does it happen to be successful in the one case, and not in the other?

This strong tendency in the virus, when once introduced into the system, to run a course, coupled with the fact that I have never met with sibbens twice in the same subject, has impressed me with the belief, that, like West Indian yaws, a first attack affords indemnity from a second. Those writers on the disease who have had the best opportunity of judging seem silent on this point, and the vulgar opinion, prevalent until lately, is lost, that one attack *lasts a man's lifetime*.

"Sibbens," says Dr Hibbert, "are the engendered product of rank uncleanness;" but they are only fed and fostered by unwholesome food and filth: this is all. The disease is propagated by contagion, and contact too of no common kind, being no more caught by sleeping in the same bed, than is the venereal. This may not have been the case at an earlier period, when the tubercles would seem to have spread over the body generally. At the present day, we act under the belief, that the poison can only take effect where applied to a delicate membrane, such as that which

lines the lips, mouth, and genital organs, or to an abraded surface. Its application may be either direct, or indirect through the medium of tobacco pipes, glasses, spoons, &c. The most common mode by which the disease is communicated, is direct by contact of the lips in billing and cooing; next in point of frequency, is smoking from the same pipe; it is also, as has been stated, occasionally caught by coition.

Whether sibbens, the venereal, and the yaws of the West Indies originally sprung from a common stock, forms an interesting subject for inquiry. It is perfectly plain, however, that each now, at least, is equally, nay, better entitled to rank as a distinct disease than variola, varicella, and the other minor pox. Sibbens are distinguished from the venereal, by the greater number of their sores, by their elevated character, and by the ulceration in the former being much more superficial than in the latter. The first rarely contaminates the constitution, the last often. Between sibbens and the venereal condyloma there does not appear any difference; and I will be much astonished indeed, if, on farther inquiry, the latter is not found to be often communicated by the mouth. Whether sibbens may have wandered from our mountains to the cities, or venereal condyloma from towns to us, is not for me to decide.

Sibbens, and the yaws of the West Indies, retain some very important characters in common, such as the whitish ulceration of the tonsils, the fungoid character of the sores, a first attack probably giving immunity from a second, and their appearing to run a somewhat similar course in point of time. Yet in some respects they differ: sibbens from first to last a trifling disease are never ushered in by any constitutional symptoms, never induce a cachectic state of constitution, and the sores are confined to the neighbourhood of the mouth and great outlets. Regarding West Indian yaws, the reverse of all this is true.

However wrong Dr Hibbert may be in regard to sibbens being the offspring of uncleanness alone, I cannot do better than copy his means of prevention;—"The importance of cleanliness," says he, "admits of a ready explanation; the poison upon which this affection depends is more or less deleterious, according to the various degrees of concentration which it undergoes; yet even in its most concentrated state its action is so gradual and so slow, that if common acts of ablution were daily practised, long before it could have time to act, it would stand every chance of being either rendered comparatively inert, or even of being totally removed from the surface of the body." In another place he says, "Let but the judicious treatment of patients afflicted with sibbens be accompanied with the daily immersion of such as are exposed to the contagion in any river, and the sibbens in a whole parish will be eradicated in a twelvemonth." I have been in the habit of advising all who are exposed, to a thorough washing with soap and water of the whole body, two or three times a-week. As an instance of the effects that may be assigned to preventive measures, the disease had been

from 1825 to 1835 gradually on the increase, when about the latter period the alarm became so great as to give rise to a general distrust in all intercourse, and the consequence was a marked decline in the complaint. It was a curious fact, that during the ten years' reign of sibbens, itch was in complete abeyance; and scarcely a case was to be met with, till about 1836 and 1837, when it took the lead with more than its usual virulence.

If cleanliness is of importance as a preventive measure, it is no less so as a means of cure. In country practice, we in such cases substitute a thorough washing for the bath. Mercury has a specific effect in sibbens, and is in general at once resorted to. The general health being in no way affected, the patients are often allowed to follow their usual out-door employments, and take a blue pill night and morning, till the gums are slightly sore; in short, a gentle course of mercury continued for four or five weeks; while, at the same time, and in all stages of the disease, we freely apply a rod of caustic to the sores in the mouth, as often as circumstances will allow,—deliberately running it into all the folds around the tonsils. When a whole family are affected, and live at a distance, they are instructed how to apply the caustic every second day to each other, with a brush and strong solution. The condylomata about the anus and genital organs disappear with great rapidity under the local application of the ungt. hydr. fort., and attention to cleanliness. This disease is so completely under the control of mercury, that it rarely resists its influence beyond two or three weeks, even without any local application; but so strong is its tendency to run a course, that patients will sometimes return on our hands again and again, even after full salivation. This is particularly the case with the better classes who make earlier application. It is no uncommon occurrence for patients to return on the following year, and the very same month at which the disease first made its appearance the year previously, with little painful sores on the edge of the tongue; one, in particular, on the very tip. These I attributed to the mercury, and contact of the teeth, till I found them capable of propagating the disease. These, in some constitutions, may appear at the end of two years. Such require caustic only for their cure. When the sub-maxillary glands have returned to their natural state, and every symptom of the complaint has been gone for three or four months, the patient generally may consider himself pretty secure.

Infants who have caught them after birth, and children, get rapidly and often permanently well by a single grain of calomel daily for two or three weeks.

I have only given the hydriodate of potass a sufficient trial to prove its effects, as far inferior to mercury, and also the tincture of iodine to the sores, as less effectual than the lunar caustic.

For the secondary symptoms, they are now so rarely of the character that indicates a tainted constitution, that under attention to cleanliness alone they gradually disappear.